



Athletics emergency contact form - Glen Crest Middle School

This form is must be filled out for each athletic season a student participates in.
Please print, fill out, and turn in to team's head coach prior to the start of the season.

Team _____ Head coach _____

Athlete name _____ Athlete date of birth _____

Athlete address _____

Athlete home phone _____

Guardian 1 name _____ Relationship to athlete _____

Guardian 1 work phone _____ Guardian 1 cell _____

Guardian 2 name _____ Relationship to athlete _____

Guardian 2 work phone _____ Guardian 2 cell _____

SELECT OPTION A OR OPTION B

OPTION A

If neither guardian can be contacted, I authorize the school administration or team coach to contact the individuals listed below who have my permission to pick up my child and take responsibility for my child.

Guardian signature _____ Date _____

Name _____ Phone _____

Relationship to athlete _____

Name _____ Phone _____

Relationship to athlete _____

OPTION B

If neither guardian can be contacted, I authorize the school administration or coach to remain with my child until a parent can be notified to pick up my child.

Guardian signature _____ Date _____